Action Team Activity Summary
Positive Mental Health

This document is a summary of the ideas generated during the Action Team Activity at the MKE Elevate Kick-Off Meeting on February 7, 2017. Members of the Action Team worked in groups to answer a series of questions to help inform the development of specific objectives to help us reach the goal of improved Economic Security. These questions are based off Steps 1-5 of the Tearless Logic Model Process. More information about this process can be found online at http://www.gjcpp.org/en/tool.php?issue=7&tool=9

Step 1: Anticipated Impacts or "End in Mind"

The first question helps us imagine what success might look like. If we really got it right, what would Positive Mental Health in MILWAUKEE look like in 10 or 20 years?

- Expansion of current opiate treatment programs
- Taverns & liquor stores on every corner-too much accessibility
- Lack of a strategic plan to deal with crack, synthetic marijuana and other drugs
- Better "norm" for alcoholic consumption socially
- Increase access to services for everyone who needs them (2)
- Easy access to doctors
- No wait lists (3)
- No more pharmaceutical companies-lower costs
- Patient centered individualized care
- Patients have options
- Trauma informed mental health care
- Integrating mental health into primary care (2)
- Mental health services provided in schools (4)
- Public prevention education targeting low-income teens & adults
- Equality of services
- Culturally appropriate services
- Mental health dedication to ethnic diverse populations
- Effective crisis services
- Education (3)
- More individuals choosing mental health as a profession
- Streamlined process so everyone knows exactly where to go
- Annual mental health check up to break taboo/stigma of mental health
- Personal violence
- Crime
- Decreased incarceration rate
- Thriving workforce (unemployment down)
- Thriving community

- Stronger healthy families
- People outdoors have more opportunities to be physically active
- WI would be lowest group for substance abuse
- Opioid deaths significantly decreased
- Reduction in suicides
- Reduction in homicides
- Lower emergency room visits (2)
- Lower patient admissions (2)
- Lower mental health days

Step 2: Target Population or "Those We Serve"
The second question helps us identify the target populations. When we think about promoting Positive Mental Health, who are we ultimately trying to serve? Are there certain groups that are more impacted?

- Children (3)
- Children in foster care
- Children in unsafe neighborhoods
- Trauma victims
- Victimized
- Homeless (2)
- Incarcerated
- Impoverished
- Unemployed (3)
- Uninsured
- Socially isolated
- College Students (binge drinkers)
- Adolescents
- Elderly/seniors (2)
- LGBTQ
- Couples
- Women of child bearing age
- Pregnant women
- Families
- Women
- Men
- Caregivers
- Police
- MH workers
- Professionals
- Ourselves (self-care)
- Veterans (3)

- Low income individuals/families (2)
- African Americans (2)
- African American men (2)
- Uneducated
- Socially isolated
- Immigrants
- Refugees
- Everyone

Step 3: Long Term Outcomes or "Changing the Rules and Nature of the Game"
The third question helps us think about what we need to do at the systems or community level to change the rules and nature of the game to achieve long term outcomes related to promoting Positive Mental Health. Consider…. What changes in programs, policies, and practices are necessary to reach the goal? If we have reached our "vision" of promoting Economic Security, what has changed to allow that?

- Better training in law enforcement
- Better training in health field
- Provide training programs-awareness of trauma informed care principles
- Insurance coverage
- Educational literature
- Positive messaging/marketing
- Changes to Common Council
- Chapter 51 updates/changes
- Legislation that allocates more funding for school based mental health
- Legalize medical cannabis
- Rural clinics
- Clinic on every corner
- Community paramedic
- Mental health mobile-street outreach/home visiting
- Mindfulness programs in schools (2)
- Youth able to leave school to seek confidential services (or have on sight) for:
    1. Counseling
    2. Emergencies
    3. Reproductive health
- Emotional intelligence in children
- Funding for on-going program support in schools (2)
- School based mental health issues
- Workplace health care (2)
- Access to support groups (3)
- More emphasis on screening in primary care settings
- Engage faith-based communities (2)

- Alternative medical options
- MUTT for adults
- Educate groups of people- churches/doctors
- Integrated medical & behavioral health
- Mental health care integrated in primary care (3)
- Positive mental health surveillance (life satisfaction, positive relationships, purpose in life)
- Early education-coping mechanisms
- Prevention monies
- Medicaid reimbursement (2)
- Affordability issues
- Affordability & accessibility policies
- Teaming and collaboration (expand billable services)
- Zoning-minimize alcohol outlets
- Better use of architecture in street design

Step 4: Intermediate Outcomes or "Behavioral Changes"
The fourth question forces us to think about the behavioral changes that are needed to reach intermediate outcomes related to promoting Positive Mental Health. Consider…. What changes would you expect to see in behaviors or actions of individuals, organizations, or communities? Who would change and how if we were successful?

- Teach emotional regulation early in schools (2)
- Increase in physical activities
- Accountability for patients, families and supporters to know resources
- Healthy conflict resolution skills
- Better communication in families
- Better self-care (2)
- Healthier relationships
- Healthier coping skills to manage stress to prevent violence
- Treat mental health similar to physical health (2)
- Ask questions at work/school: How are you feeling?
- Increase in community communication (know your neighbor, town hall mtgs)
- Faith community outreach to elderly or shut-ins (partner with religious orgs)
- Decrease in public health issues (STD's, teen pregnancy, opioid addiction...)
- Increase speed of treatment
- Reduction in alcohol abuse
- Reduction in smoking
- Focus on prevention & education (2)
- Cultural changes and alcohol and drug abuse
- Stable housing
- Better school/work attendance (2)
- Fewer arrests

- Reduction in violent crimes
- Fewer Dr. visits
- Non-reliance on emergency services
- No stigma (3)
- Decrease in psychiatric hospitalizations

Step 5: Short Term Outcomes or "What Needs to Change Right Now"
The final question focuses on what needs to change right now if we want to start to see immediate changes in promoting a Fair and Inclusive Society. What changes in knowledge, beliefs, and attitudes would you expect to see? What changes would we expect to see in the next year if we are heading in the right direction?

- Expand providers accepting Medicaid
- Increase Medicaid reimbursement for out-patient services (2)
- "Rough Draft" pilot of streamlined intake for mental health intake
- Understanding mental illness is a medical condition
- Giving importance to mental health
- Recovery of mental illness is possible
- Understanding the difference between mental illness and positive mental health
- More community involvement in future development
- Remove stigma from mental health (3)
- Teach mindfulness practices in elementary schools versus detention/suspension
- Easy accessible tools to catch issues early on
- Providing mental health access at community health centers
- Understand how racial/economic disparity impacts mental health
- Increasing awareness of issues & plans
- Open communication between families and faith based communities
- Partner with students & universities (2)
- Offer this field as a career opportunity
- Motivate and engage commitment from the community, groups & organizations
- Increase events to increase social/emotional support (2)
- Explore workforce pathways
- Expand teleconsultation
- Services for non-English speaking families
- Crisis intervention services
- Have 1 therapist per school
- Law Enforcement access to training
- Trauma informed care training at schools, health care, police depts…
- Just to be able to talk about it

Who's Missing?

Think about who is missing from the "table". Are there any individuals or organizations that should be involved in this work that you do not see here today?

- MPS (4)
- Milw. Co. Behavioral Health
- More faith based orgs (3)
- MICAH Churches of Hope
- Rogers Memorial Hospital
- Mental Health & substance abuse providers
- State Division of Mental Health & Substance Abuse
- More LGBTQ groups
- Primary care clinicians
- Veteran groups (3)
- Protection & Advocacy Agency
- Disability Rights of WI (DRW)
- Public & private schools (2)
- Homeless (4)
- Individuals suffering from mental illness (2)
- Federally qualified health care centers (MLK, Isaac Coggs, Lisbon, Progressive, Walkers Point & 16th St Community Health Center
- Someone who has battled with mental illness
- Community (2)
- Teens (2)
- More providers (2)
- Educators/teachers (3)
- AODA treatment
- Planned Parenthood
- Insurance/ACA
- Primary medical
- Private businesses (Kohl's, Menards, fast food…)
- Respect 21
- Sojourner